## **ELECTION AND POWER OF ATTORNEY** and CORRESPONDENCE ADDRESS **INDICATION FORM**

10/535,231
13 November 2004 (International Date)
Young Min Kim
A PHARMACEUTICAL COMPOSITION COMPRISING AN IMMUNOGLOBULIN FC REGION AS A CARRIER
430156.402USPC

I hereby r	PVOKO -	Il provinus				00100.4020		·	
I heroby	evoke a	all previous powers o	of attorney give	ven in	the above-ider	ntified applic	cation.		
I hereby a	-								
X Pra	ctitioner	rs at Seed IP Law G	iroup PLLC, (	Custon	ner Number: (	00500			
OR									
Pract	iitioner(s)	named below:							
_									
		Name Registration Number			n Number				
ł									
as my/our a	ittomey(s)	or agent(s) to prosecute nsact all business in the	the application	identifie	d above (and any	continuation/d	 ivisional applica	tions	
						se connected fi	nerewith.	1110113	
Please reco	gnize or c	change the corresponden	ce address for t	he abov	e-Identified applica	ation to			
M The addre	ss associ	iated with the above-men	ntloned Custome	r Numbe	er.				
OR _									
☐ The addre	ss associa	ated with Customer Num	ber:						
OR									
Firm or Individua	d Mama			•					
Address	it ivalile								
Address						<del></del>		· · · · · · · · · · · · · · · · · · ·	
City			1 9	State	<del></del>	ZIP			
Country			L			215			
Telephone			Te	Email					
I am the:						·			
[] Applicant	l/Inventor.	•							
Assigned	of record	of the entire interest. S	ee 37 CFR 3.71.						
Stateme	nt under.	37 CFR 3.73(b) is enclos	sed. (Farm PTO)	/SB/96).					
	signee of a sion of the	record of the entire intere	est I/we hereby e	elect, und	der 37 CFR 3.71,	to prosecute th	ne application to	the	
·····									
Signature		SIGNATUI	RE of Applicant	t or Ass	ignee of Record				
Signature		Date July 3 200 f							
Name		Kyung-Toon Min							
Title and Company		President			_				
Assignee)		ham, Ind. Co. Ltd.			······································	<del></del>			
OTE: Signatu	res of all	the inventors or assign	ees of record o	f the en	tire interest or th	eir representa	tive(s) are req	uired.	
*Total of	forms	are submitted	ie is required, s	ee belo	w*.		. ,		
) TO: Commissio	ner for Pater	nts, P.O. Box 1450, Alexandria	, VA 22313-1450.				<del></del>		